3628

Application Number 09/696,538

Filing Date 10/25/00

FORM First Named Inventor Timothy Redpath et al.

Art Unit 3628

Examiner Name Dass, Harish T

Attorney Docket Number 020563-000100US

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(to be used receipt correspondence after initial filling)		Attorney Docket Number 020		0563-000100US		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/ded Extension of Time Red Express Abandonmed Information Disclosur	claration(s)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ac Terminal Disclaimer Request for Refund CD, Number of CD(s)	ldress	Appeal Con of Appeals a Appeal Con (Appeal Notice Proprietary Status Letter		
Certified Copy of Price Document(s) Reply to Missing Pare Application Reply to Missing Pare Application Reply to Missing Pare Application	rts/ Incomplete sing Parts R 1.52 or 1.53	Account 20-1430.	authorize		dditional fees to Deposit	
	SIGNATURE	OF APPLICANT, ATTOR	NEY, OF	RAGENT		
Firm Name Towns	Firm Name Townsend and Crew LLP Signature					
Printed name	VY OV			-		
Philip I	H. Albert	, Reg.	No I			
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CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Signature	Mpm	on the same of the				
Typed or printed name	Brad J. Loos			Date	8-9-06	

PTO/SB/83	(09-04)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **CORRESPONDENCE ADDRESS**

	PTO/SB/83 (09-04		
Application Number	09/696,538		
Application Date	10/25/00		
First Named Inventor	Timothy Redpath et al.		
Art Unit	3628		
Examiner Name	Dass, Harish T.		
Attorney Docket Number	020563-000100US		

To: Commissioner 1 P.O. Box 1450 Alexandria, VA		•		. 1		
Please withdraw me	e as attorney or agent for the abo	ve identified	patent application, an	nd		
all the attorne	ys/agents of record					
all the attorne	ys/agents (with registration numb	oers) listed or	the attached paper(s), or		
all the attorneys/agents associated with Customer Number 20350						
	box can only be checked when there associated with a customer r		ttorney of record in th	e application is to all the		
The reasons for this req	uest are: Client requests transf	er of matter t	o firm listed below.			
	CORRESPON	NDENCE A	DDRESS			
1. The correspond	ence address is NOT affected by	this withdray	val.			
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Firm <i>or</i> Individual Name	Frank A. Corsini					
Address	14 Beach Road, Apt. J					
City	Belvedere	State C	A	Zip 94920		
Country	USA					
Email:	frankcorsini@yahoo.com or fco	rsini@europa	acificcapital.com	-ax		
Signature	y In					
Name Philip H. All	pert		Registration No	D. 35,819		
Date	8900		Telephone No.	650-326-2400		
	hen approved rather than when received. Under the properties of the properties to the request to			val of withdrawal and the expiration		